

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 502P57US-1

First Named Inventor Davari

**COMPLETE IF KNOWN**

Application Number /

Filing Date on even date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FEEDBACK PRIORITY MODULATION RATE CONTROLLER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed   | Certified Copy Attached?   |  |
|-------------------------------------|---------|----------------------------------|--|--|--|
|                                     |         |                                  |  | YES  | NO   |
|                                     |         |                                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/265,105            | 01/31/2001               |  |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name Shapiro Cohen

Address P.O. Box 3440

Address Station D

City Ottawa

State ON

ZIP K1P 6P1

Country Canada

Telephone 613-232-5300

Fax 613-563-9231

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Shahram

Family Name or Surname Davari

Inventor's Signature

Date

Residence: City Kanata

State Ontario

Country Canada

Citizenship Canada

Mailing Address 271 Knudson Drive

Mailing Address

City Kanata

State Ontario

ZIP K2K 2N8

Country Canada

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Heng

Family Name or Surname Liao

Inventor's Signature

Date

Residence: City Burnaby

State B.C.

Country Canada

Citizenship China

Mailing Address 1208-3970 Carrigan Court

Mailing Address

City Burnaby

State British Columbia

ZIP V3N 4S5

Country Canada

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page \_\_\_\_ of \_\_\_\_

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Stacy William

Nichols

**Inventor's  
Signature**

**Date**

**Residence: City**

Kanata

**State** Ontario

**Country**

Canada

**Citizenship**

Canada

**Mailing Address**

23 Brodeur Crescent

**Mailing Address**

**City**

Kanata

**State** Ontario

**ZIP**

K2L 1Z2

**Country**

Canada

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |            |
|------------------------|------------|
| Application Number     |            |
| Filing Date            |            |
| First Named Inventor   | Davari     |
| Group Art Unit         |            |
| Examiner Name          |            |
| Attorney Docket Number | 502P57US-1 |

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

| Name             | Registration Number |
|------------------|---------------------|
| Harold C. Baker  | 19333               |
| Robert A. Wilkes | 28170               |
| Robert G. Hendry | 22927               |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

|   |               |       |              |     |         |
|---|---------------|-------|--------------|-----|---------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Shapiro Cohen |       |              |     |         |
| Address   | P.O. Box 3440 |       |              |     |         |
| Address   | Station D     |       |              |     |         |
| City  | Ottawa        | State | ON           | Zip | K1P 6P1 |
| Country   | Canada        |       |              |     |         |
| Telephone   | 613-232-5300  | Fax   | 613-563-9231 |     |         |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name. Shahram Davari

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |            |
|------------------------|------------|
| Application Number     |            |
| Filing Date            |            |
| First Named Inventor   | Davari     |
| Group Art Unit         |            |
| Examiner Name          |            |
| Attorney Docket Number | 502P57US-1 |

I hereby appoint:

☐ Practitioners at Customer Number   
OR

Place Customer ...  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

| Name             | Registration Number |
|------------------|---------------------|
| Harold C. Baker  | 19333               |
| Robert A. Wilkes | 28170               |
| Robert G. Hendry | 22927               |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

|   |               |       |              |     |         |
|---|---------------|-------|--------------|-----|---------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Shapiro Cohen |       |              |     |         |
| Address   | P.O. Box 3440 |       |              |     |         |
| Address   | Station D     |       |              |     |         |
| City  | Ottawa        | State | ON           | Zip | K1P 6P1 |
| Country   | Canada        |       |              |     |         |
| Telephone   | 613-232-5300  | Fax   | 613-563-9231 |     |         |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

|           |           |
|-----------|-----------|
| Name      | Heng Liao |
| Signature |           |
| Date      |           |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Davari

Group Art Unit

Examiner Name

Attorney Docket Number

502P57US-1

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

| Name             | Registration Number |
|------------------|---------------------|
| Harold C. Baker  | 19333               |
| Robert A. Wilkes | 28170               |
| Robert G. Hendry | 22927               |

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

|   |               |       |              |     |         |
|---|---------------|-------|--------------|-----|---------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Shapiro Cohen |       |              |     |         |
| Address   | P.O. Box 3440 |       |              |     |         |
| Address   | Station D     |       |              |     |         |
| City  | Ottawa        | State | ON           | Zip | K1P 6P1 |
| Country   | Canada        |       |              |     |         |
| Telephone   | 613-232-5300  | Fax   | 613-563-9231 |     |         |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Stacy William Nichols

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.